## **CSC CHANGE FUND FORM**

## **COUNTY NAME**

<b>NAME</b> CASHIER/MAGISTRATE	AMOUNT	USER ID	<b>SIGNATURE</b> CASHIER/MAGISTRATE	DATE
TOTAL ISSUED		Total should equal the FMS General Ledger account 11100.)		
Shaded portion should be completed using both the CTSUL screen and account 11100. (See the Financial Policies and Procedures Manual page 2.4 and Chapter 6, CHANGE FUND.)				
Date		Signature Of Head Cashier		
(Head Cashier should verify each Cashier's/Magistrate's change fund.)				
Date		Signature Of Clerk Of Court		